

Dr Shirey

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36722

State File No. ....

FILED OCT 19 1953

REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 160

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Deming</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Deming</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Godair</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Godair</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Walt</u> c. (Last) <u>Fincher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26, 1953</u>	
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5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 4, 1898</u>		9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>22</u> IF UNDER 2 HRS: Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Grant Fincher</u>		13b. MOTHER'S MAIDEN NAME <u>Hanner Krim</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Fincher</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Fincher Rt 2 Portageville Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of brain, and abdominal viscera.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 8-1-, 1953, to 9-26-, 1953 that I last saw the deceased alive on 9-26-, 1953, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr Shirey</u>		23b. ADDRESS <u>MO. 9 Hayti, Mo</u>		23c. DATE SIGNED <u>10-5-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-12-53</u>		REGISTRAR'S SIGNATURE <u>John W German</u> 406- <u>9</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W German Hayti, Mo</u>	
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(Licensed Embalmer's Signature on Reverse Side)

10-321-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE . . . PHONE 79  
CARUTHERSVILLE, MO.

OCT 15 1953

OCT 27 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Raymond L. Duffie

Signed.....  
Student Embalmer

Licensed Embalmer No. 4798

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.